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Actions for the further implementation of the Programme of Action of the International Conference on Population and Development

Monitoring of population programmes, focusing on integrating population issues into sustainable development, including in the post-2015 development agenda

Report of the Secretary-General

Summary

The post-2015 development agenda will unfold in the midst of dramatic demographic transformations that coincide with aspirations for health, security and justice for people everywhere, including future generations. In the Programme of Action of the International Conference on Population and Development, Member States recognized the unassailable link between dignity and human rights, population dynamics and sustainable development, which has been affirmed in the 20 years of its implementation.

The present report, prepared by the United Nations Population Fund (UNFPA), highlights the experiences of Members States in addressing population issues that are central to defining and implementing a post-2015 vision for sustainable development: mobility and urbanization of the human population; the time-bound opportunity to enable demographic dividends; the centrality of sexual and reproductive health and rights; and the potential for reaping returns on population data. These experiences provide crucial lessons for the realization of equality and development that progresses in harmony with nature.

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I. Introduction

1. In the post-2015 period, the future development agenda will unfold in the midst of dramatic demographic transformations: a global population of 7.3 billion, projected to reach 8.4 billion by 2030; with the largest ever cohort of young people between the ages of 10 to 24 years old, and of persons over the age of 65; increasing internal and transnational mobility; a rising number of small and one-person households; and an unprecedented scale of urbanization. These dynamic changes in the structure and living arrangements of the human population are coinciding with rising aspirations for human development, aspirations that seek not only health, security and justice for all people everywhere, but also for future generations, requiring that development delivers equality and progresses in harmony with nature.

2. In the Programme of Action of the International Conference on Population and Development, Member States recognized the unassailable link between dignity, human rights and health, population dynamics and sustainable development. The findings and conclusions of the 20-year operational review of the Programme of Action beyond 2014, contained in the report of the Secretary-General on the framework of actions for the follow-up to the Programme of Action (A/69/62), affirmed that these elements cannot be detached from one another.

3. The realization of dignity and human rights depends on reducing inequalities that are broadly recognized as undermining durable economic growth and sustainable development. The commitment of the international community at all levels of international cooperation, in various declarations and instruments, to gender equality and sexual and reproductive health and reproductive rights, is not only an aspiration for dignity, but is also pivotal to creating the enabling conditions for women to define the direction of their lives, expand their capabilities and elaborate their chosen contributions to society.

4. Inequality has special relevance for human mobility, because lack of opportunity may force people to seek decent work elsewhere. Because adolescents and young people, including an increasing proportion of young women, have high rates of migration to pursue education, employment and greater life chances, age structures and economic inequality affect the extent to which countries experience high rates of rural to urban migration and whether they are more likely to be sending or receiving new international migrants. In conditions of political conflict or environmental crisis, inequality and poverty are no less critical, for while all are likely to experience instability, those with the fewest resources will suffer the greatest and most enduring disruptions.

5. The present report highlights population themes that are central to realizing the future we want and to defining a post-2015 vision for development: mobility and urbanization of the human population; the time-bound opportunity to enable demographic dividends; the centrality of sexual and reproductive health and rights; and the potential for benefiting from the statistical collection of population data. These themes are not meant to be comprehensive, but rather to illustrate critical opportunities to advance the key message of the Programme of Action, reaffirmed in the 20-year operational review, that investing in people and operationalizing the principles of human rights, dignity, equality and non-discrimination are the cornerstone of our common prosperity and our sustainable future.

II. Mobility and urbanization

6. The human population is increasingly mobile, and it is characterized by major shifts in physical and social space, including rural and urban location, temporary and permanent mobility and new household formation and size, which will have major impacts on how sustainable development unfolds. Any vision for the achievement of sustainability will have to integrate these dynamics in all their diversity.[1]

7. One of the clearest instances of the importance of planning for changes in population location and mobility is the rapid pace and large scale of urbanization. While in many developing countries the rural population continues to be large, from 2015 to 2030 the world is projected to add over one billion urban residents. Africa is likely to experience the largest relative increase, with over 60 per cent more urban residents than it has currently, while Asia is likely to experience a 30 per cent increase in its urban population.[2]

A. Urbanization, economic growth and poverty reduction

8. Throughout world history, urbanization has been associated with social progress and development. In developing countries, social and economic indicators show that urban populations are, in aggregate, significantly better off than their rural counterparts. Yet many urban citizens are unable to reap the benefits of economic progress. The development needs of urban slum dwellers was recognized in Millennium Development Goal 7, target 7.D, and while the target to improve the lives of 100 million slum dwellers has been achieved, over the same period of time the slum population grew to over 850 million.

9. There is a strong historic association between urbanization and economic growth. Over the past 30 years, China has experienced the largest urbanization the world has ever seen, coinciding with rapid economic growth and poverty reduction that accounts for upwards of half that observed since the adoption of the Millennium Development Goals.

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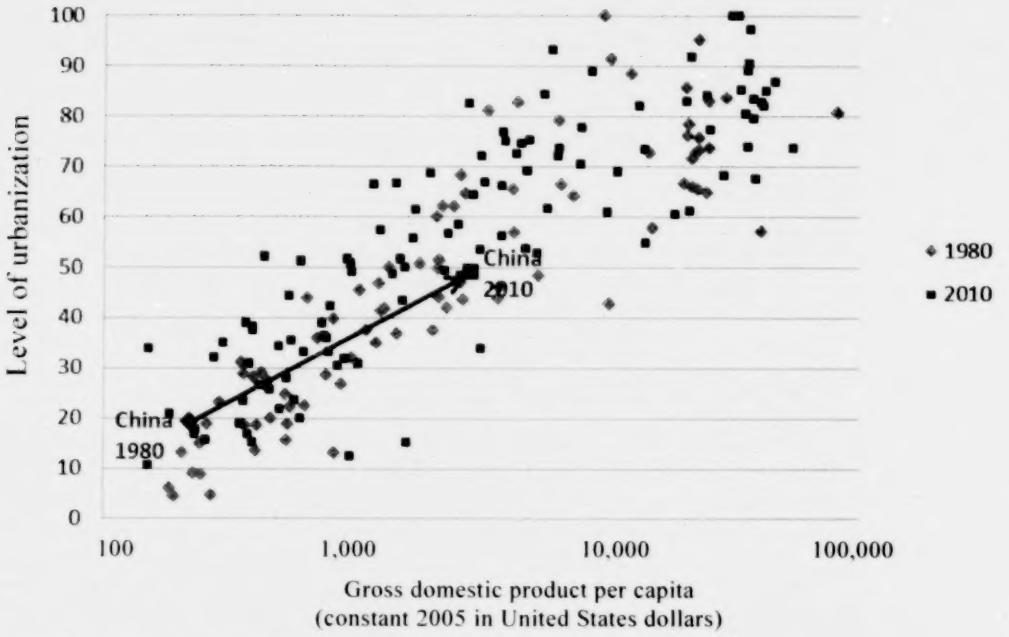
[1] United Nations Population Fund, United Nations Department of Economic and Social Affairs, United Nations Human Settlements Programme and International Organization for Migration, *Population Dynamics in the Post-2015 Development Agenda: Report of the Global Thematic Consultation on Population Dynamics*, New York, 2013.

[2] United Nations, Department of Economic and Social Affairs, Population Division, *World Urbanization Prospects: The 2014 Revision* (CD-ROM edition).

Figure I
Level of urbanization and gross domestic product (GDP) per capita by country, 1980 and 2010



Source: Information extracted from McGranahan and Martine (2014).

10. Well aware of the urbanization process, particularly driven by rural-urban migration, the Chinese Government tied urbanization to industrial transformation, creating urban manufacturing agglomerations along the eastern coast that spurred rapid economic growth and generated demand for labour. The Government, including through empowering local municipalities, invested heavily in building bulk infrastructure and services and provided investors with the ability to purchase rights to this newly serviced land, thus creating sufficient stability for entrepreneurship and productive enterprises, while helping the Government to recoup costs. These policies, which were part of a nationwide economic transformation linked to demographic change, could be applied in other countries undergoing large-scale urbanization, as could the lessons learned from the cost of transformation that are being addressed by recent policies.[3]

B. Urbanization and climate change

11. Urban living can be more resource efficient than dispersed or rural living, allowing for economies of scale in service provision and resource use, but cities

[3] McGranahan, Gordon; Jia, Guoping; Han, Guoyi; and Hoekman, Arie, "China's radical urbanization and bringing capital and labour together step by step" in McGranahan, Gordon, and Martine, George, eds., *Urban Growth in Emerging Economies*, New York, Routledge, 2014.

today account for upwards of 70 per cent of the world's greenhouse gas emissions.[4] Urban land growth has been associated with environmental degradation and increased pressures of human settlements on fragile ecosystems, as well as gains in wealth and cultural shifts that tend to increase consumption, with negative effects on the environment. Hence, cities have a major role to play in climate change mitigation, a role that is increasingly recognized within the negotiations on the United Nations Framework Convention on Climate Change and among the global networks of cities and city stakeholders focused on reducing the environmental impacts of the urban centres.

12. Within urban areas, climate change is likely to have most impact on the poor and marginalized groups — the populations that live in urban slums often reside in ecologically vulnerable places, lack access to essential services and infrastructure and are excluded from city governance.[5] A core safeguard for ensuring that climate adaptation and upgrades and improvements to informal settlements are pro-poor and pro-urbanization is a lead role for the community. The Community Organizations Development Institute of Thailand has a model of community-driven upgrades implemented in hundreds of slums, many highly climate vulnerable, in concert with community organizations and networks of slum dwellers. The Baan Mankong programme is built on a collaboration between the Government and communities to identify well-located land for upgrades and resettlement, allowing urban housing development to achieve high densities and reduced environmental vulnerability with strong community control.[6]

C. Displacement and humanitarian crises

13. In the last few years conflicts and disasters have resulted in the widespread displacement of people, requiring urgent humanitarian assistance. In 2013, armed conflict and generalized violence resulted in 33.2 million internally displaced persons, the highest figure ever recorded. In addition, according to reports from the Office of the United Nations High Commissioner for Refugees, in mid-2014, there were an estimated 13 million refugees in the world, an increase of 1.3 million over the preceding six months.[7] The global refugee burden from ongoing and new conflicts reflects the changing nature of conflict from inter-State to intra-State, resulting in new movements of millions of people from Libya, Mali and the Syrian Arab Republic, both within and across national borders, with no immediate solutions in sight. Displaced people include many who have been living as internally displaced persons or refugees for more than a generation, and many who have been born and reached adulthood under conditions of displacement, for

[4] UN-Habitat, 2011. *Cities and Climate Change: Global Report on Human Settlements 2011*.

[5] McGranahan, Gordon; Balk, Deborah; Martine, George; and Tacoli, Cecilia, "Fair and Effective Responses to Urbanization and Climate Change: Tapping Synergies and Avoiding Exclusionary Policies" in Martine, George and Schensul, Daniel, eds., *The Demography of Adaptation to Climate Change*. New York and London, UNFPA and International Institute for Environment and Development, 2013.

[6] See Boonyabancha, S., "Land for housing the poor — by the poor: experiences from the Baan Mankong nationwide slum upgrading programme in Thailand", *Environment & Urbanization*, vol. 21, Issue 2, 2013.

[7] Office of the United Nations High Commissioner for Refugees, "Mid-Year Trends", 2014.

example internally displaced persons in the Sudan, or Afghan and Palestinian refugees.

14. Displacement and insecurity sometimes affect a significant proportion of a given country's population. For example, in 2013 more than half of the population of the Central African Republic was in need of urgent humanitarian assistance, yet this situation garnered little global attention compared to other humanitarian emergencies. Such contrasts highlight the need for more equitable systems of response so that such crises do not go unnoticed in the global agenda.

15. In 2013, disasters across the globe, the large majority climate-related, resulted in the displacement of 22.4 million people. With the impacts of climate change projected to increase, risk of displacement will rise. India has undergone a fundamental transformation in its disaster response, including significant improvements in early warning and evacuation. In 1999 Odisha cyclones (cyclone 05B) hit the States of Odisha and Andhra Pradesh, creating devastating damage, with over 10,000 lives lost. In 2013, a cyclone of similar strength, cyclone Phailin, hit the same area. The impact of the latter cyclone caused massive damage to physical infrastructure and the fishing industry, yet just 44 lives were lost. In the aftermath of the cyclone in 1999, India had invested, at the State level, in a new agency for disaster management as well as a widespread network of cyclone shelters. The Indian Meteorological Department also contributed significantly improved forecasts and early warning, which, in advance of cyclone Phailin, spurred the evacuation of almost 1.2 million people, significantly reducing its impact.[8] These advances demonstrate that disaster impacts can be mitigated significantly if there are sufficient investments in both preparedness and information systems.

16. Just under a month later, typhoon Haiyan hit the Philippines and Viet Nam, showing the limits of disaster preparedness in the face of one of the largest storms to make landfall, and underscoring the parallel need to act urgently on climate change to prevent growing severity and frequency of storms.

17. Humanitarian crises, both large and small in human numbers, lead to profound life challenges for those affected and create untenable economic burdens for host and recipient societies. The global development community needs to create lasting solutions, and to ensure the human rights, dignity and security of those caught in such circumstances.

D. Mobility of young people

18. Due to conflict, or the loss of rural livelihoods, young people around the world are moving to urban areas in increasing numbers in search of economic opportunities. More young people than ever are also being born and growing up in cities, and one-person households, especially those composed of young adults (20-39 years of age), are more common in urban areas.[9] Their experiences vary significantly, but common risks of poverty and exclusion have been observed in cross-national studies.

[8] United Nations Environment Programme, "Cyclone Phailin in India: Early warning and timely actions saved lives", (website) 2013.

[9] See A/69/62.

19. Results of the WAVE study (Well-being of Adolescents in Vulnerable Environments) in six cities around the world revealed that the social connections young people have, both with caregivers in their homes and members of their communities, significantly shaped self-reported health indicators. Young women are particularly reliant on social capital and networks for resources and opportunities. [10]

20. Young women in cities face changing social norms, including delayed marriage, greater access to education and information, more opportunities for paid labour outside their households and norms of greater gender equality. At the same time, there is evidence that migration can place young women in circumstances of precarious security, and undue risks of sexually-transmitted infections and HIV.[11] It is therefore imperative that investment in overall development include investments in gender equality and social protection.

21. In a programme focused on urban adolescent girls in Addis Ababa, the United Nations Population Fund (UNFPA) is supporting out-of-school girls by creating safe urban spaces where they can build functional literacy and life skills and obtain access to HIV and reproductive health education, and where they can develop social support networks through girls clubs led by female mentors. In partnership with the Department for International Development of the Government of the United Kingdom, and the Nike Foundation, these clubs are being scaled up to reach 200,000 adolescent girls in 38 districts in the Amhara region of Ethiopia.

III. Enabling demographic dividends

22. The global population of adolescents and young people is at its highest number in history, with, according to estimates of the Department of Economic and Social Affairs, a population of 1.2 billion people between the ages of 15 and 24 in 2015, and 1.9 billion young people projected to turn 15 years old between 2015 and 2030. Adolescence represents a transitional period from childhood to adulthood that brings with it significant risks and opportunities. Investments made in young people during this critical period will shape their lives and the future of a world that will be increasingly dependent on them. This cohort holds the potential for significant dividends in many countries of the world, one that is contingent on protecting and promoting young people's human rights to education, health and development. While survey data on adolescents and young people are scarce, the available evidence suggests that they are increasingly mobile, clustered in urban areas, underemployed relative to their aspirations and increasingly aware of their human rights.[12]

23. As reported by the Department of Economic and Social Affairs, in countries where young people between the ages of 10 to 24 represent more than 30 per cent of the population, particularly in sub-Saharan Africa and parts of South Asia, health and education systems are weak, and inadequate for the growing numbers of adolescents and youth expected in the coming 15 years. Without universal access to

[10] Marshall, Beth Dail; Astone, Nan; Blum, Robert W.; Jejeeboy, Shireen, et al., "Social Capital and Vulnerable Urban Youth in Five Global Cities", *Journal of Adolescent Health*, vol. 55, Issue 6.

[11] Camlin, C.S., et al., "Gender, Migration and HIV in Rural KwaZulu-Natal, South Africa". PLOS One, 2010.

[12] UNFPA, *The Power of 1.8 Billion, State of the World's Population 2014*.

sexual and reproductive health, including unrestricted access to information and services as well as life skills, young people, particularly adolescent girls, experience far higher rates of early marriage, early and unplanned pregnancy, maternal death, unsafe abortion and sexually transmitted diseases including HIV, leaving them less able to fulfil their potential.

24. While investments in education and health, including sexual and reproductive health and rights, expand human opportunity and happiness throughout the course of life, they can be especially advantageous for development when age structures favour a potential "demographic dividend." A number of countries face this potential dividend in the coming 15 to 30 years because they have recently undergone a rapid decline in the number of children born to each woman, which will lead to a high proportion of working age adults relative to small children or the elderly (that is, a low dependency ratio) in the coming 15 to 30 years. Low dependency ratios mean that working-age adults have more resources for consumption, savings or investment, potentially raising both household and national wealth. Many of these countries, notably those in sub-Saharan Africa and South Asia, are hoping to realize a demographic dividend for their development.

Table 1
Education, health and gross domestic product: "BRIC" countries

	India	*China*	*Brazil*	*Russian Federation*
Public expenditures on health, 2010				
As a percentage of GDP	1.2	2.7	4.2	3.2
Per capita (purchasing power parity, constant 2005 international dollars)	39	203	483	620
Mean years of schooling, age 25 and above (2011)	4.4	7.5	7.2	11.7
Literacy rate, ages 15-24 (2010) (percentage)				
Male	88	99	99	100
Female	74	99	97	100
GDP per capita, 2011 (purchasing power parity, constant 2005 international dollars)	3 203	7 418	10 279	14 821

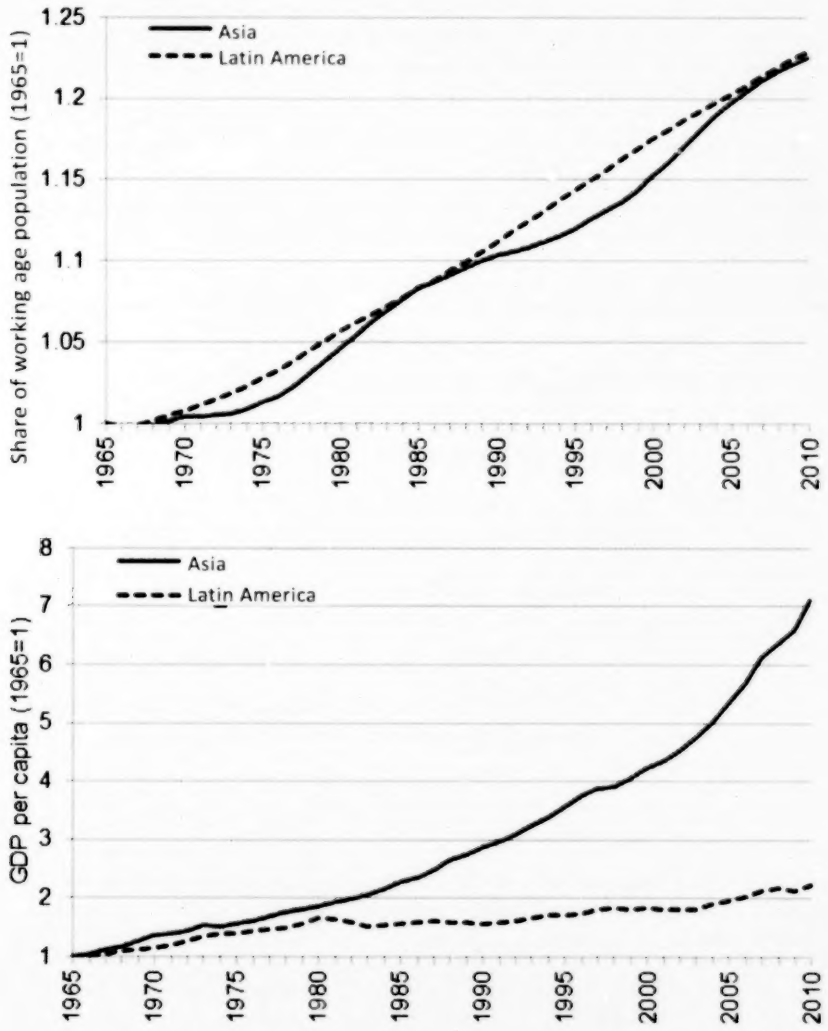
25. A working age population with fewer dependents is no guarantee of greater productivity or wealth, but it provides a time-limited window of opportunity for growth if it coincides with strategic investments to enhance human capital and create an enabling environment for businesses to demand and deploy those skills efficiently and equitably.[13] Investments in health and high quality education have supported rapid economic growth in many countries, but with notable differences. For example, Asia experienced a seven-fold increase in GDP per capita during its demographic window, whereas Latin America experienced only a two-fold increase (see figure II).[14] Factors proposed to explain Asia's greater GDP growth include greater investment in education and health, physical capital, and an initial emphasis

[13] See Commission on Growth and Development, *The Growth Report: Strategies for Sustained Growth and Inclusive Development*, Washington, D.C., 2008.

[14] Drummond, Paulo; Thakoor, Vimal; and Yu, Shu, "Africa Rising: Harnessing the Demographic Dividend", International Monetary Fund (IMF) Working Paper, 2014.

on labour-intensive export-led industry. In fact, a recent comparison of the "BRIC" countries (Brazil, Russian Federation, India and China), shows a higher GDP per capita associated with higher public per capita investments in health, greater literacy and more years of schooling (see table 1).

Figure II
Working age population and GDP per capita in Asia and Latin America, 1965-2010



Source: "Africa Rising: Harnessing the Demographic Dividend" (see [14]).

26. Policies that promote productive employment are critical as a complement to human capital investment and vary heavily by context. In sub-Saharan Africa, recent proposals highlight the prospects for growth within three main sectors: agriculture, where the vast majority of the labour force works and significant opportunities exist

for efficiency and productivity gains;[15] household enterprises where many young people get their start; and growth and diversification of the modern wage sector.[16]

27. Investments in young people can foster innovation and advance the capabilities of an entire generation in all fields of study. Intentional investments in science, technology, engineering and math can further industrial innovation, twenty-first-century manufacturing and the green economy needed for a sustainable future. Nine of the post-2015 sustainable development goals proposed by the Open Working Group of the General Assembly on Sustainable Development Goals (see A/68/970 and Corr.1) explicitly call for new knowledge and professional capacities as targets for their fulfilment: global investment in the capabilities of young people in key areas may have powerful multiplier effects, furthering the achievement of numerous development goals (see table 2).

Table 2

Preparing the next generation to deliver sustainable development: goals of the Open Working Group on Sustainable Development Goals for which education and training is an explicit target and vehicle for achievement

Goals	*Targets*	
3	**3.b**	Support the research and development of vaccines and medicines
	3.c	Increase training and retention of the health workforce
	3.d	Strengthen the capacity for early warning, risk reduction and management of national and global health risks
4	All targets	
6	**6.a**	Expand capacity-building support in water and sanitation
9	**9.5**	Enhance scientific research and upgrade the technological capabilities, including by increasing the number of research and development workers
	9.b	Support domestic technology development, research and innovation
12	**12.a**	Support developing countries to strengthen scientific and technological capacity to move towards more sustainable patterns of consumption and production
13	**13.3**	Improve human and institutional capacity on climate change mitigation, adaptation, impact reduction and early warning
	13.b	Raise capacity for effective climate change-related planning and management in the least developed countries
14	**14.a**	Increase scientific knowledge, develop research capacity and transfer marine technology, specifically in the small island developing States and the least developed countries
16	**16.6**	Develop effective, accountable and transparent institutions at all levels

[15] UNCTAD, "Wake Up Before It Is Too Late: Make Agriculture Truly Sustainable Now for Food Security in a Changing Climate", *Trade and Environment Review 2013*.

[16] Filmer, D. et al., *Youth employment in Sub-Saharan Africa*, Vol. 2, Africa Development Forum Series, Washington, D.C., World Bank Group, 2014.

Goals	*Targets*	
	16.a	Strengthen relevant national institutions, including through international cooperation, for building capacities at all levels
17	**17.6**	Enhance North-South, South-South and triangular regional and international cooperation on and access to science, technology and innovation
	17.8	Fully operationalize the technology bank and science, technology and innovation capacity-building mechanism for the least developed countries by 2017
	17.9	Enhance international support for implementing effective and targeted capacity-building in developing countries to support national plans;

Source: A/68/970 and Corr.1.

28. The social and economic benefits of greater investments made in the lives of young people today will be shown not only in their adult years, but also as they age. Japan and other countries with large ageing populations in 2015 experienced a baby boom 40 to 50 years ago, and their current capacity to accommodate the well-being of older persons reflects their earlier investments in the health, education and employability of young people, and the extent to which adequate employment enabled people to accumulate household savings and wealth.

29. In 2015, more than 20 per cent of the population of Japan, and 19.8 per cent of the population of Western Europe, are over age 65. Public policies in Japan provide a valuable road map for the use of Government programmes to sustain the well-being of an ageing society, including the provision of incentives to companies to hire people between the ages of 45 to 64 so as to enhance the economic independence of older persons.[17]

A. Advancing gender equality

> For most of the world's women, and young women in particular, the struggle for individual human rights and the freedom to decide on their personal future has been a historic struggle, one that is far from won. The extent to which societies have tolerated the use of force and violence to sustain patriarchal control over women, in diverse countries and across all classes of society, is one of the great injustices of human history. If women are to contribute to the enrichment and growth of society, to innovation and to development, they must have the opportunity to decide on the number and timing of their children, and to do so free from violence or coercion, with full confidence that pregnancy and childbirth can be entered into without grave fear of illness, disability or death, and with confidence in the likelihood that their children will survive and be healthy.
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> Framework of actions, 2014 (A/69/62, para. 793)

[17] UNFPA, *Ageing in the Twenty-First Century: A Celebration and a Challenge*, New York, 2012.

30. The empowerment of women and girls, combined with an expanding working age population, furthers the potential for a demographic dividend, as a youthful population with equal opportunity for both genders can be a formidable asset for innovation and creativity.

31. Targeted investments for women must begin early in life, releasing girls from traditional practices such as female genital mutilation or forced marriage that violate their right to bodily integrity and self-determination. Despite important legislative efforts to eliminate child marriage and female genital mutilation, and a decline in adolescent birth rates over the past 20 years, as many as half of all girls are still married before age 18 in some countries, more than 3 million girls are subjected to female genital mutilation each year and early pregnancy contributes overwhelmingly to maternal death, including death from unsafe abortions.

32. Growing efforts to prevent and eliminate child, early and forced marriage include partnerships between the Governments of countries with some of the highest rates of marriage before age 18, including Ethiopia, Malawi, Nepal, the Niger and Pakistan, and United Nations agencies and civil society. Recent evidence identifies the need for parallel interventions that simultaneously build community support for raising the minimum age at marriage, expand schooling and employment opportunities for young women and tackle legislative reform. In 2013, the Human Rights Council adopted a landmark resolution to prevent and eliminate child, early and forced marriage, deepening global commitments and strengthening efforts to have age 18 recognized as the minimum age of marriage in all countries.

33. In highly populated countries such as Egypt, Ethiopia and Nigeria the prevalence of female genital mutilation among girls aged 15 to 19 years is 80.7 per cent, 62.1 per cent and 15.3 per cent, respectively. While progress has been made in passing legislation against the practice, enforcement remains a challenge in many countries. A social norms perspective, reframing concepts and traditions related to female genital mutilation, has been at the core of UNFPA programming, creating a non-threatening space where people can re-evaluate their own beliefs and values regarding this practice.

34. All efforts to build gender equity, including in education and training, should explicitly address the eradication of gender-based violence and redress attitudes that perpetuate discrimination and violence. A critical finding of the report of the Secretary-General on the framework of actions was that public intolerance and discriminatory attitudes in society are clustered, so that intolerance towards one group, such as women or immigrants, or persons living with HIV and AIDS, leads to intolerance towards other groups.[9] Hence, societies that endorse values of non-discrimination and tolerance extend such values broadly, and there is evidence that such values can be shaped by education.[18] Education that encourages fair and equal treatment of all persons and builds the confidence of both boys and girls to pursue their aspirations should be a hallmark of twenty-first-century education everywhere.

35. Governments, United Nations partners and civil society are elaborating and testing a wide range of efforts to promote values of gender equality and the dignity and human rights of all people. In Burkina Faso, the H4+ programme, a joint effort

[18] World Health Organization, *Engaging men and boys in changing gender-based inequity in health: Evidence from programme interventions*, Geneva, 2007.

of six United Nations agencies to improve the health of women and children, is promoting gender awareness through media that highlights problems of gender and human rights and gender-sensitive reproductive health care. In Burkina Faso and the Niger, schools for husbands ("*Ecoles de Maris*") are engaging men to support women's reproductive health and positive change for women and girls. In India, Promundo has tested innovative gender training for schoolchildren, with measurable effects on the respect boys show to girls, including a decrease in support for sexual harassment of girls.[19]

36. The empowerment of women and girls requires ensuring equality of opportunity and outcomes in work, compensation and the right to govern. Women are disproportionately more likely to be illiterate and among those in informal and fragile employment, and they have fewer opportunities for leadership in both the public and private sectors. Women are also disproportionately responsible for the family, including providing care for older persons and those with special needs, creating a double burden of responsibility for many women. Gender parity in the workplace and co-responsibility within the family are both necessary for women's empowerment.

IV. The critical value of sexual and reproductive health and reproductive rights

37. Social and economic discrimination against girls and women has special ramifications within sexual and reproductive relationships, including marriage. Central to fulfilling the human rights of girls and women is the matter of protecting them from unintended pregnancies, maternal morbidities, unsafe abortion, sexually transmitted infections and HIV and the risk of early death, and ensuring that adolescent girls can stay in schools and fulfil their potential. Complications from pregnancy and childbirth together remain a significant cause of death among adolescent girls between 15 and 19 years of age in developing countries. The continuing burden of maternal mortality, affecting an estimated 289,000 women in 2013,[20] reflects the fatal confluence of gender discrimination and persistent gaps, nationally and globally, to ensuring universal sexual and reproductive health and reproductive rights.

38. Currently, an estimated 225 million women in developing countries are not using effective methods of contraception.[21] Access to contraceptive services and information is a human right, central to gender equality and women's empowerment, and a key factor in reducing poverty and enhancing development.[22] Respect for individual dignity and for the physical and mental integrity of each person means providing each person with the opportunity to make reproductive choices

[19] See Verma, R. K.; Pulerwitz, J.; Mahendra, V; Khandekar, S.; et al., "Challenging and changing gender attitudes among young men in Mumbai, India", *Reproductive Health Matters*, vol. 14, Issue 28.

[20] World Health Organization, *Trends in Maternal Mortality: 1990 to 2013: Estimates by WHO, UNICEF, the World Bank and United Nations Population Division*, Geneva, 2014.

[21] Guttmacher Institute, 2014, *Adding it up: The Costs and Benefits of Investing in Reproductive Health 2014*.

[22] For further information, see UNFPA/WHO, "Ensuring human rights within contraceptive service delivery: implementation guide" (to be published February/March 2015).

autonomously. The principle of autonomy, expressed through free, prior, full and informed decision-making, is central to medical ethics, and is embodied in human rights law. People should be able to choose from a range of safe and reliable contraceptive methods and to refuse any options. Informed decisions should be based on comprehensive information, counselling and support that are accessible to all people, without discrimination.

39. Investments over the past 15 to 20 years have yielded measurable progress in sexual and reproductive health and reproductive rights, but aggregate gains mask stark disparities in access to sexual and reproductive health services across and within countries, particularly among those in the lowest wealth quintiles.[9] Further investments in sexual and reproductive health and reproductive rights are cost-effective, since for every dollar spent on contraception the cost of pregnancy related care is reduced by $1.47. Of much greater consequence is the potential to save lives. By reaching 100 per cent coverage for maternal care and contraception, annual maternal deaths would be reduced from 290,000 women annually to 96,000.[21] The life-saving benefits of these investments extend far beyond the women and girls to their families, societies and the economy.

40. UNFPA through its global programme to enhance reproductive health commodity security supports the efforts of 46 countries to build stronger health systems and ensure access to a reliable supply of contraceptives and condoms for family planning, the prevention of HIV and sexually transmitted infections, and life-saving medicines for maternal health. As a result, the use of modern methods of contraception has increased over the last three years by 17.7 per cent in Rwanda, 14.5 per cent in Ethiopia and, over the last five years, by 8.9 per cent, 8.8 per cent and 8.1 per cent in Sierra Leone, Liberia and Uganda, respectively. There are notable gains in method mix, with three methods of contraception available at more than 70 per cent of rural service delivery points in Burkina Faso, Côte d'Ivoire, Ethiopia, Gambia, the Lao People's Democratic Republic, Nepal, the Niger, Nigeria and Sierra Leone, and at least five modern methods at 100 per cent of tertiary level service delivery points in most of those countries.

41. The programme also supports countries by training service providers, including in long-acting reversible contraceptive methods, and in implementing action plans for demand generation, with a focus on young people. Further life-saving medicines, misoprostol, magnesium sulfate and oxytocin, among others, are now increasingly available in programme countries, including Burkina Faso, Ethiopia, Haiti, Nigeria, the Niger and Sierra Leone.[23]

A. A needed revolution in health-system strengthening

42. Inadequate investments in long-term health-system strengthening has left the world vulnerable to unnecessary suffering and death. The health systems of countries in sub-Saharan Africa and South Asia cannot provide quality care for large numbers of their people due to inadequate numbers of health workers, a lack of requisite commodities, or both. Even within middle- and high-income countries,

[23] UNFPA, *The Global Programme to Enhance Reproductive Health Commodity Security: Annual Report 2013*.

health-system coverage or quality is often inadequate for the poor, the uninsured and undocumented and those facing social discrimination.

43. Human resources are the cornerstone of health systems, yet the global health worker shortfall is over 7 million, exacerbated by the uneven distribution of health-care workers across and within countries. A major expansion of health-worker training is sorely needed, including sound career structures, fair remuneration and recognition to ensure retention and rational distribution.

44. The above-mentioned UNFPA H4+ programme is organizing national appraisals to identify and provide the most cost-effective interventions to increase coverage of quality sexual, reproductive, maternity, newborn and child health in high-burden countries. A key feature of H4+ support has been addressing the widespread need for skilled health workers. The H4+ report, *State of the World's Midwifery 2014*, provides a rich analysis and argument for the potential of midwifery to meet many of these needs, and the H4+ programme has spearheaded the standardized training of midwives worldwide. The number of health workers receiving direct specialized training for reproductive, maternal and newborn care through H4+ initiatives is growing, including an estimated 6,500 health-care providers in five African programmes in 2013 alone.

45. Innovative financing of health systems is also needed, as reflected in the recent establishment of the Global Financing Facility.[24] Designed to support the "Every Woman, Every Child" initiative,[25] the Facility is an example of a multi-stakeholder mechanism with the potential to strengthen health systems where they are weakest. With a strong focus on women and girls, the Facility supports the transition to long-term sustainable domestic financing in developing countries. According to the World Bank, a special focus area is the expansion of civil registration and vital statistics capacities in recipient countries, with the aim of registering every pregnancy, birth and death by 2030.

46. Strong and effective health systems must have the data and information systems that allow them to anticipate and respond to national population trends, including the spatial and age distribution of the population, and changing health needs. Health information and care must be delivered to people where they are. Mobile and open-source electronic medical records offer new possibilities for health information systems in developing countries at lower cost and with greater efficiency.[26]

47. Given that many countries anticipating a possible demographic dividend in the coming 15 to 20 years lack the necessary education and health systems for adolescents and youth, innovative partnerships with schools, civil society and other youth-centred sectors will be needed. The "youth enterprises model" in Uganda, a project designed by UNFPA to increase healthy lifestyle choices for young people,

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[24] The Global Financing Facility was initiated by the World Bank Group, Norway, the United States of America and Canada, in close collaboration with H4+ partner agencies (UNICEF, UNFPA, WHO, UNAIDS, UN-Women and the World Bank Group), civil society organizations, the private sector and other development partners.

[25] Report of the Secretary-General, *Global Strategy for Women's and Children's Health*, New York, 2010.

[26] Blaya, J. A. et al. (2010), "E-Health technologies show promise in developing countries", *Health Affairs*, vol. 29, issue 20; Webster, P. C. (2011), "The rise of open-source electronic health records", *The Lancet*, vol. 377.

is premised on the integration of sexual and reproductive health with enterprise development and skills acquisition. The project delivers a package of sexual and reproductive health services to young people at three linked points of access, the school/vocational training institution, the health facility and the community/work place. In 2013 alone, 8,369 young people gained access to sexual and reproductive health care through this integrated programme.

B. Health system responses to complex humanitarian emergencies

48. The historically high numbers of displaced and conflict impacted people in the world today have spurred growing efforts to improve the timely provision of sexual and reproductive health services in fragile humanitarian contexts. As a result of the conflict in the Syrian Arab Republic, an estimated 12.2 million Syrians need humanitarian assistance, including 7.6 million internally displaced persons and 3.2 million refugees, of whom nearly 4 million are women of childbearing age. In times of conflict the risk of death during pregnancy and childbirth increases. Since the conflict began, nearly 115,000 Syrian children have been born as refugees in five host countries in the region, Jordan, Iraq, Lebanon, Turkey and Egypt, and many more were born inside the Syrian Arab Republic. As long as women and girls are caught in the crisis, they will need sexual and reproductive health and protection services.

49. UNFPA supports women's centres and safe spaces in the Syrian Arab Republic and in neighbouring countries that deliver sexual and reproductive health services, including maternal health services, contraception, protection and counselling for gender-based violence. They have established and are supporting 34 women's centres, 123 sexual and reproductive health clinics and mobile teams and 15 youth spaces and sport fields in the Syrian Arab Republic and host countries. They have ensured safe delivery for more than 2,000 babies in camp-clinics in Iraq and Jordan and provided dignity and hygiene kits and sexual and reproductive health care to 300,000 Syrians. Similar initiatives are under way among internally displaced young people in the eastern Ukraine.

50. Despite significant strides in meeting the sexual and reproductive health and reproductive rights needs of refugees and internally displaced persons in complex emergencies, sexual and reproductive health can be neglected during humanitarian responses, and the quality and range of such services suffers. Standardized tools now provide guidelines for programming sexual and reproductive health care in crises, including the "Inter-agency Field Manual on Reproductive Health in Humanitarian Settings", yet the integration of such health care into acute emergency responses nevertheless remains a challenge.

V. Reaping returns on investments in data

51. Each of the themes and cases presented above share a fundamental reliance on effective use of data. The report of the Secretary-General's Independent Expert Advisory Group on the Data Revolution[27] underscored that the data revolution is

[27] "A World That Counts: Mobilizing the data revolution for sustainable development", report of the Secretary-General's Independent Expert Advisory Group on a Data Revolution for

not an end in itself, but a mechanism to improve the lives of people, and to support equality and human rights. The data revolution entails many things including:

- Building on the wealth of official statistics that already exist in national statistical systems;
- Collecting more and better data on familiar as well as emerging aspects of well-being;
- Compiling data faster for real-time analysis and dissemination of data;
- Combining traditional data sources with new ones, including applications of "big data";
- Producing and using data in new ways to promote transparency and accountability;
- Enhancing the utilization of data, statistical literacy and improved quality of statistics to meet international standards;
- Using and integrating data in informed decision-making and policies that affect people's lives;
- Using data to monitor policy and programme implementation and assess results.

52. The goals and targets of the post-2015 development agenda must take into account current and future population dynamics, changing age structures, mobility patterns, urban growth and changes in the spatial distribution of people. Indicators, in turn, must be disaggregated, as appropriate, by sex, age, geography, economic and social characteristics. However, more data do not necessarily translate into better polices, as good quality and timely data need to be effectively analysed to ensure evidence-based decision-making.

53. Improving the timeliness and completeness of national vital registration data is already acknowledged as an urgent priority across the developing world. However, similar attention needs to be paid to improving the quality, coverage and local utilization of census and survey data, and support for analysis and the dissemination from the upcoming 2020 round of census needs to be increased. Not only will census data provide the baseline numbers for many indicators, including sustainable development goal indicators, but they provide the basis for drawing nationally representative sampling frames for many surveys and other data collection activities, including big data. Surveys such as the UNFPA Demographic and Health Surveys should include questions that are essential to understanding and measuring achievements for populations with unique needs, including young people and adolescents between the ages of 10 to 14 years. Data gaps need to be closed to ensure that diverse groups of people and key issues become visible through disaggregation.

54. Progress on this front has been significant in the Millennium Development Goal era (2000-2015). For instance, the remarkable success of Bangladesh in achieving a wide range of Millennium Development Goal targets, particularly regarding infant, child and maternal mortality, poverty and sexual and reproductive health, was closely tracked through the country's data infrastructure. Indicators

Sustainable Development, November 2014.

based on censuses and Demographic and Health Surveys were used to redefine the targets and strategies related to health, population and nutrition of the sixth five-year plan, as well as to revise the national population policy and national health policy in 2011 and 2012.

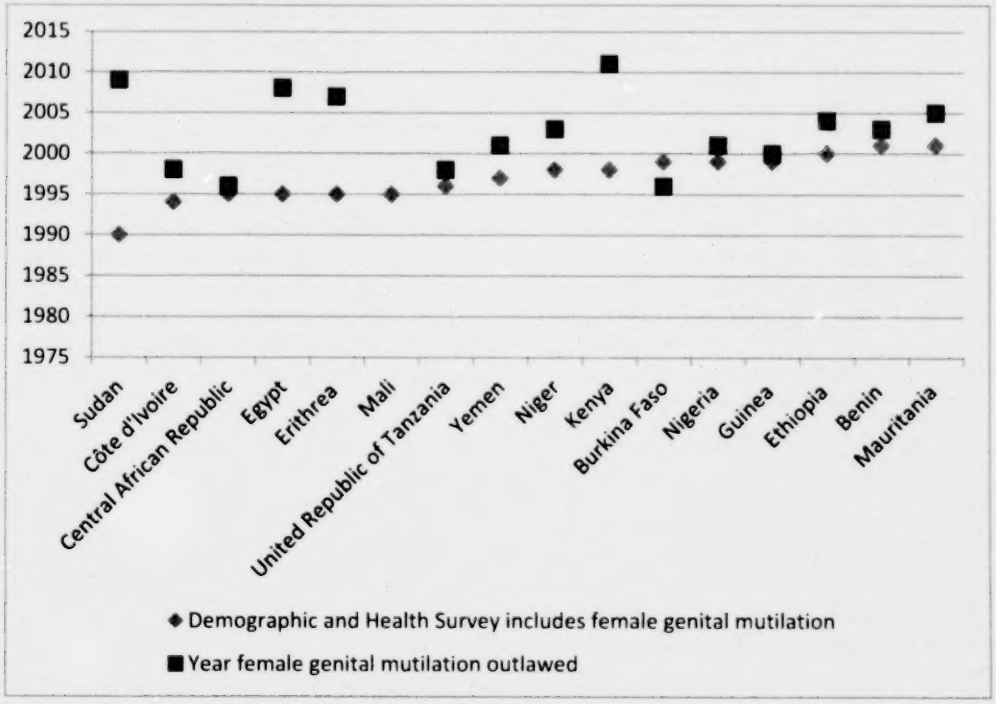
55. In Indonesia, UNFPA helped link the National Statistical Office and the National Board for Disaster Management to integrate census and village-level infrastructure data into the Indonesian disaster data and information database. The resulting database provides a comprehensive baseline of population and infrastructure at risk when disasters strike, allowing for a more accurate assessment of potential impacts, and responses which are better targeted to vulnerable populations.

56. Data can also support advocacy for social change, and the growing availability of national-level data on the prevalence of female genital mutilation since 1989 has been instrumental in garnering political support to outlaw and eliminate it. In partnership with national statistical offices, the Demographic and Health Surveys first gathered data on the prevalence of female genital mutilation in the Sudan in 1989, extending that to a total of 16 countries by 2002, and more since; repeat surveys have allowed for the monitoring of changes in the practice of female genital mutilation. The availability of sound data on female genital mutilation contributed to legislative momentum for change, and laws outlawing it passed for the first time, or were amended to strengthen prohibitions, in 14 of these countries following their first national survey on female genital mutilation (see figure III).

57. Likewise, surveys on the prevalence of violence against women have provided growing evidence for policy reform. UNFPA has supported research on violence against women within, among others, eight countries of the Pacific, the Cook Islands, the Federated States of Micronesia, Kiribati, Nauru, Palau, the Marshall Islands, Samoa and Solomon Islands, and supported an analysis of existing data on such violence in Fiji, Papua New Guinea, Tonga and Vanuatu. These findings inform the universal periodic review and reporting to the Committee on the Elimination of Discrimination against Women and have facilitated the ability of Governments to pass domestic violence legislation and implement policies and declarations to combat violence against women. Likewise, the Democratic Republic of the Congo, with support from UNFPA, has established an information management system on gender-based violence, which has improved programming and advocacy in this field. UNFPA also supported the Ministry of Gender in its conduct of a data analysis of gender-based violence that led to policy change, including a draft family code that is currently under review at the parliamentary level.

Figure III

New laws prohibiting female genital mutilation consistently followed first-time data collection on the practice



58. National ownership of data is a prerequisite for development, and the data revolution provides a major new and critical opportunity to address statistical capacity-building, in partnership with the private sector and other non-State actors, for the generation and timely utilization of high-quality subnational, national, regional and global data in all countries.

VI. Intersecting vulnerabilities and the Ebola crisis

59. Disease outbreaks can place enormous strain on any society, but when they occur in extremely poor countries, their consequences can be catastrophic. The current Ebola crisis affecting Guinea, Liberia, and Sierra Leone in West Africa is a riveting example of such circumstances. Throughout the 1990s and into the new millennium, both Sierra Leone and Liberia had sustained civil wars, resulting in the displacement of an estimated half of Sierra Leone's population[28] and, by the end of 2003, 500,000 to 600,000 people in Liberia.[29] During and following the wars,

[28] Kaelin, Walter, United Nations briefing paper, "Durable solutions for internally displaced persons: an essential dimension of peacebuilding". United Nations Peacebuilding Commission, 2008.

[29] Office of the United Nations High Commissioner for Refugees, "Real-time evaluation of UNHCR's IDP operation in Liberia", 2007.

displacement led to unplanned urbanization, and the development of dense urban slums surrounding the capitals of both countries.

60. All three countries are among the least developed, with weak and fragile health systems and poor public infrastructure. Prior to the outbreak, the proportion of live births attended by skilled health personnel, a valuable indicator of access to health services, was 61 per cent in Liberia, 60 per cent in Sierra Leone and only 45 per cent in Guinea. Maternal mortality ratios were correspondingly high, at 640, 1,100, and 650 deaths per 100,000 births in Liberia, Sierra Leone and Guinea, respectively[30] — among the highest rates worldwide.

61. The unprecedented toll of the ongoing Ebola outbreak in these countries, with the World Health Organization (WHO) reporting that 22,000 confirmed, suspected and probable cases, and more than 8,000 deaths, highlights the grave consequences of complex health emergencies where health workers are insufficient in number to start with and, in the case of the Ebola outbreak, are immediately placed in harm's way. Indeed, health outbreaks also depend on rapid identification of contacts, isolation and care, which can be compromised where health communication systems are still manually implemented.

62. Beyond the extraordinary toll Ebola is taking on human life, families and communities, the epidemic is extracting a high cost on the West African economy. If contained by early 2015, the World Bank estimates that lost GDP for the region as a whole will amount to an estimated $2.2 billion for 2014, and an added $1.6 billion in 2015.[31] This reflects not only the direct costs of Government spending on the illness, but the indirect costs of ill and dying workers, mobility restrictions and "aversion" behaviour at both the individual and national scale, which has disrupted transport, trade and all travel to the region.

63. New technologies can assist in leapfrogging over some structural inadequacies. UNFPA, in partnership with Columbia University's Earth Institute and the National Coordination Unit of Guinea, has deployed a new mobile phone application using software that allows people tracing contacts to report suspected cases in real time and to geographically place the locations of contacts, significantly cutting down response times of local health officials. This system has the potential to limit the spread of disease and increase survival. UNFPA reports that by December 2014, 158 tracers were trained and equipped with this software in Guinea alone, and with registered information for over 2,000 Ebola contacts and counting, plans for upscaling to other affected countries are ongoing.

64. Confirmed and probable Ebola cases suggest that the number of males and females affected is about equal, but that the disease is taking a greater toll on older adults. WHO reports that people aged 45 and over are almost four times more likely to be affected than children aged 14 and under, and that adults between the ages of 15 to 44 are three times more likely to be affected than children. Yet in the three affected countries, Guinea, Liberia, and Sierra Leone, more than 800,000 women are expected to give birth in the next 12 months, placing them at grave risk of unassisted childbirth given the current burden of Ebola cases in health facilities. As many as 120,000 of these women are estimated to be at risk of maternal

[30] UNICEF and WHO, 2014, "Countdown to 2015: Maternal, Newborn and Child Survival".

[31] The World Bank, *The economic impact of the 2014 Ebola epidemic: short and medium term estimates for West Africa*. Washington, D.C.; 2014.

complications, with a risk of severe morbidity and potential mortality, if life-saving emergency obstetric care is not provided. In addition, more than one million women who were using modern contraception may no longer receive services because of the disruption to the health system.

65. UNFPA has worked closely with Governments and other partners to provide personal protection equipment, disinfectant materials and reproductive health supplies and equipment, helping health workers provide safe, compassionate care to pregnant women. To help ensure demand for sexual and reproductive health services is being met, UNFPA is also supporting mobile clinics and tent-based outreach to pregnant women, recruiting hundreds of midwives to provide maternal health and contraception and scaling up support for commodities and community-based distribution of contraception.

VII. Conclusion

66. The transformational post-2015 development agenda envisaged by Member States requires a comprehensive approach to issues such as peace and security, poverty and weak health and other public systems, together with increasing population mobility and unplanned, under-serviced urbanization.

67. Hallmarks of the world in 2015 are both historic disparities and the interconnectedness of the human experience. The costs of unequal development that benefit some while leaving so many behind can be seen around the world. All countries, whether poor or wealthy, are aspiring to a common set of broad and ambitious development goals, but from very different starting points. Differences in wealth, age structure, gender equality, empowerment, security, mobility and health require shared understanding if we are to operationalize the sustainable development goals at national and local levels. This is why a data revolution will be essential to characterizing our distinctions and rates of progress, locating and measuring injustice and exclusion, and enabling redress.

68. Yet while there are many distinctions between countries, the common path to sustainable development is embodied in the shared realization of dignity and human rights for all people — on this there can be no distinction. This was a core message of the International Conference on Population and Development in 1994, echoed in the framework of actions (2014), affirming that cohesive and vibrant societies result from assured and equal opportunities for all persons to pursue their chosen future through education, decent work and a chance to participate in the governance of society. Operationalizing this message through the sustainable development goals requires sustained and deepened investments to ensure the dignity and human rights, good health, including sexual and reproductive health and reproductive rights, of all persons, living in confidence of a sustainable future. Such investments, together with effective participation, partnership and data systems, will provide a powerful, people-centred foundation for sustainable development.